FINANCIAL AID MODULE
BANNER ACCESS REQUEST

Rev: 063017

USER INFORMATION

DEPARTMENT: _____**EMPLOYEE POSITION IS:** ☐ **NON-BENEFITED** ☐ **BENEFITED**

NAME: _____ **DU ID#:** _____ **PHONE:** _____

EMAIL ADDRESS: _____ **USERNAME:** _____

JOB TITLE: _____

Please, check appropriate boxes below:

1. View financial aid information:

    ☐ YES   ☐ NO

2. Access to financial aid reports:

    ☐ YES   ☐ NO   College: _____   Level: _____

3. Submit awards for students:

    ☐ YES   ☐ NO   If yes, please indicate fund codes in the box below.

4. Work Award Supervisor:

    ☐ YES   ☐ NO

PLEASE LIST FUND CODES Attach a separate sheet if necessary)

Additional information:

_____

_____

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APPROVING SIGNATURES

Comments:

Appropriate Security Classes:

1. Department Manager Date	2. Division Head/Budget Officer Date
3. Financial Aid Signatory Date *Karen Woodrum, Office of Financial Aid (fax: 12341)*	4. IT ± EAS *(fax: 17998)* Date Or you may email eas@du.edu

After obtaining all required signatures, please submit this form to   - Enterprise
Application Services for processing.